

| Volume 6 | Number 4 | Fall 2008 |

# DAKOTA NURSE

C O M M U N I T Y



North Dakota Team Addressing  
Nursing Education Capacity

No More Nurse Abuse

NORTH *and* SOUTH DAKOTA STATE BOARDS *of* NURSING



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Family Birth Center*

*Marco, RN  
Critical Care Unit*

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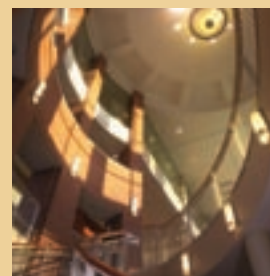
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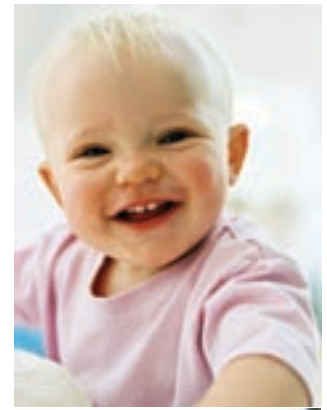
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# DAKOTA NURSE

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No More Nurse Abuse

Dakota Nurse Connection circulation includes over 26,000 licensed nurses and student nurses in North and South Dakota.

The *Dakota Nurse Connection* is published by the South Dakota and North Dakota Boards of Nursing. Direct *Dakota Nurse Connection* questions or comments to:  
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## *Message from the Executive Director*

### VERIFICATION OF CURRENT NURSE LICENSURE

Nurse managers juggle many responsibilities, including supervising nurses to ensure adequate staffing and quality care, as well as to verify clinical competence of nursing personnel. The nurse manager must also assure compliance with regulations at local, state and federal levels. The first responsibility for nurse managers who are supervising other nurses and nurse assistants should be to make certain that staff being considered for employment or those who are employed are currently licensed to practice or registered to assist in the practice of nursing in the state of North Dakota. The NDCC Nurse Practices Act 43-12.1-03 License required – Title – Abbreviation states, *“Any person who provides nursing care to a resident of this state must hold a current license or registration issued by the board. It is unlawful for a person to practice nursing, offer to practice nursing, assist in the practice of nursing, or use any title, abbreviation, or designation to indicate that the person is practicing nursing or assisting in the practice of nursing in this state unless that person is currently licensed or registered under this chapter.”*

Many states have reported individuals who have worked or have attempted to work as imposters. Some of these individuals attempted to or continued to work as nurses after their licenses were revoked or suspended. Others never attended nursing school or did not graduate from an approved program. Fortunately, we have

not had any reported cases in North Dakota in the past five years.

Verification of current licensure in North Dakota has never been easier. The North Dakota Board of Nursing has an online verification link available 24 hours a day to verify licensure/registration status. You may check licensure for an APRN, RN, LPN or Unlicensed Assistive Person. There is no cost for this service. Online verification is extremely accurate, effective, available and accomplished quickly. The online verification system also allows for printing of licensure verification for employment records. The Board discourages employers and nurses or unlicensed assistive person from photocopying licenses or registration for verification purposes.

In evaluating the licensure status of a nurse, attention should be paid to the expiration date of the license, license status, activity status and type of license or permit. Assurance of current licensure is a critical component of providing safe, competent nursing care.

Visit the North Dakota Board of Nursing Web site at [www.ndbon.org](http://www.ndbon.org) and click on verification to check licensure or registration status.

***Constance B. Kalanek, Ph.D., RN, FRE***  
***Executive Director***

## *Message from Executive Director*

Autumn Greetings to All,

We are very fortunate in South Dakota to be able to experience the change of seasons in a very dramatic way. This past week, I had the opportunity to drive through Spearfish Canyon and witness the transformation of the canyon to its fall colors. It was a spectacular view and a gift to be there at just the right time. My Black Hills journey also included a trip to Custer State Park to witness the 43rd annual buffalo round-up. What a spectacular event to see as the cowboys gathered together the herd and ushered them to the corrals where preparations will be made to keep them throughout the winter. I sat out on the hill where viewers are allowed along with thousands of other people who had come to witness this event. I was impressed by the amount of work it takes to get this job done. It reminded me of the work that needs to be done in order for the Board of Nursing to prepare for the next season that will be soon upon us. Fortunately for me, I have these wonderful fall memories to recall when I am in need of inspiration and motivation for the journey. I would like to take this opportunity to share some of preparations that are being made by the Board of Nursing for the upcoming season.

On July 1, 2008, the legislation allowing for a waiver of the collaborative agreement for Certified Nurse Midwives practicing in the out of hospital (home) birth setting became effective. Although we have only received one application for the waiver, the process is in place and we are preparing to monitor the outcomes of this practice. Another area of change related to Advanced Practice Nurses will be forthcoming in the form of administrative rules. On September 10th, the Joint Board of Nursing and Medical and Osteopathic Examiners approved an amendment to the rules that govern collaboration. Collaboration by direct personal contact will be amended from four hours of direct

personal collaboration per week or one hour for every ten hours of practice to twice monthly. We are planning to hold a public hearing on this rule amendment on November 13, 2008. Your support in the form of testimony, either written or in person would be greatly appreciated. We will publish the notice prior to the hearing.

The Center for Nursing Workforce will be hosting conversations that matter related to Nursing Education Capacity and the challenges that are being faced as our nursing education programs work on expanding enrollment. Another conversation that matters is related to the administration of insulin for individuals in settings where a nurse is not available. We are preparing to bring stakeholders together to discuss these issues. If you are interested in participating in either conversation, please contact Linda Young at the Board office. The CNW is also currently engaged in the study of the Just Culture movement in this country.

We are very involved with the National Council of State Boards of Nursing and will be participating in work with other states on Uniform Core Licensure Standards. These standards adopted by the boards of nursing in this country have formed the basis for the nurse licensure compact which has been implemented in 23 states.

I'll be in touch with you again in 2009. Have a great fall and enjoy the many spectacular fall scenes that our great state has to offer!

Sincerely,



Gloria Damgaard, Executive Director



### North Dakota Board of Nursing Officers and Members

**PRESIDENT****Nelson (Buzz) Benson, RN, Bismarck****VICE-PRESIDENT****Julie Traynor, RN, Devils Lake****TREASURER****Charlene Christianson, RN, Glenfield****Elizabeth Anderson, LPN, Fargo****Roxane Case, Public Member, Fargo****Melisa Frank, LPN, Dickinson****Daniel Rustvang, RN, Grand Forks****Joann Sund, RN, Fargo****Mary Tello Pool, LPN, Bismarck**

### North Dakota Board of Nursing 2008 Meeting Dates

**UPCOMING BOARD MEETING DATES**

November 15 and 16

January 17 and 18

March 20 and 21

May 15 and 16

For additional information,  
please call 701-328-9779

North Dakota Board of Nursing Annual Report  
is available on the website at  
[www.ndbon.org/publications](http://www.ndbon.org/publications)

### WORKPLACE IMPAIRMENT PROGRAM

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**FOR MORE INFORMATION CONTACT:**

Karla Bitz, PhD, RN • North Dakota Board of Nursing  
919 South 7th Street Suite 504, Bismarck, ND 58504-5881  
Phone: (701) 328-9783 • Fax: (701) 328-9785  
[www.ndbon.org](http://www.ndbon.org)

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### NURSES Have you moved recently?

Update your address on the ND Board of  
Nursing website: [www.ndbon.org](http://www.ndbon.org)

**Click on: Address Change***We appreciate it when licensees help us maintain current records!!*

## Telephone Lines Busy? Use E-mail!

You can contact anyone at the Board of Nursing by email.

BOARD STAFF	E-MAIL ADDRESSES
Constance Kalanek, PhD, RN, FRE, Executive Director	<a href="mailto:ckalanek@ndbon.org">ckalanek@ndbon.org</a>
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Sally Bohmbach, Administrative Assistant	<a href="mailto:bohmbach@ndbon.org">bohmbach@ndbon.org</a>
Kathy Zahn, Administrative Assistant	<a href="mailto:kzahn@ndbon.org">kzahn@ndbon.org</a>

## ND NURSE INVOLVED IN THE NCLEX PREPARATION FOR THE PAST TWO YEARS

Jill Holmstrom, RN, MSN  
Assistant Professor  
Concordia College  
Nursing Department

## CRIMINAL HISTORY RECORD CHECKS

ALL APPLICATIONS FOR INITIAL OR REACTIVATION OF LICENSURE/REGISTRATION WILL  
BE REQUIRED TO COMPLETE A CRIMINAL HISTORY RECORD CHECK BEGINNING JULY 1,  
2008.

**LIST OF INITIAL APPLICATIONS:**

- RN/LPN LICENSE BY EXAMINATION
- RN/LPN/APRN/SPRN LICENSE BY ENDORSEMENT
- UNLICENSED ASSISTIVE PERSON
- MEDICATION ASSISTANT

## NEW BOARD OFFICERS ELECTED AND NEW MEMBERS APPOINTED

Newly re-elected board officers for the 2008-2009 term are as follows:



**PRESIDENT:**  
Nelson (Buzz) Benson, RN, Bismarck



**VICE PRESIDENT:**  
Julie Traynor, RN, Devils Lake



**TREASURER:**  
Charlene Christianson, RN, Glenfield

## NEW BOARD MEMBERS APPOINTED

Newly appointed board members for term of 2008-2012:



Daniel Rustvang, RN, Grand Forks



Melisa Frank, LPN, Dickinson

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## NURSES RESPONSIBILITY IN CHILD ABUSE

Every day across North Dakota, the safety and well-being of some children are threatened by child abuse and neglect (CA/N). Effective intervention is not the sole responsibility of any one agency or professional group, but is a shared community concern.

There are a number of roles nurses and health care providers can play to improve the outcome for children born into families with risks for child abuse and neglect. Pre-natal parent education and home visitation for up to the first 3-4 years of life have notable outcomes for preventing child maltreatment and improving the relationship between mothers, fathers and their infants.

There are approximately 3800 reported/assessed cases of suspected child abuse and

neglect involving 6800 children each year in North Dakota. The child population most affected is from 0-3 years of age, (27 percent of reported cases in 2006). Most of these victims (866) were one year of age or younger.

Child risk factors for CA/N may be a premature birth, birth anomalies, low birth weight, exposure to toxins in utero as well as a physical/cognitive/emotional disability and chronic or serious illness. Parental risk factors include insecure attachment with their parents, substance abuse and age, marital status or high conflict relationships. Other factors include inaccurate knowledge and expectations about child development, along with a variety of parental mental or physical health issues. Many of the home visitation programs

address and help to mitigate the risk factors, and this decreases the stress on the parent(s) and child and ultimately lowers the risk of maltreatment.

Parenting classes for new parents should begin after the second trimester of pregnancy and continue until the parents are observed as being comfortable and secure in their new role. Lessons and practice in soothing an inconsolable infant, infant massage, swaddling and other strategies for calming a crying child will not only build the bond between parent and child, but also provide that parent the confidence needed to feel capable in their parenting role. Home visits can commence after the birth and continue until the child is ready to attend early childhood educational programming (ages 3-4).

Some of the outcomes related to pre- and post-

natal classes and visitation are: decreased CA/N reported cases, improved knowledge of child development, awareness of community/social programs, better maternal and child health, and decreased unintended pregnancies.

Even though the role of the health care provider requires them to be a mandated reporter, the responsibility for preventing child maltreatment lies with the entire community. For more information on child abuse, neglect, and prevention, North Dakota state laws and community resources, please refer to: [www.StopChildAbuseND.com](http://www.StopChildAbuseND.com). See NDCC 43-17-41 Duty of physicians and others to report injury – penalty. Nurses licensed under NDCC 43-12.1 are required to report.

***NO ONE PERSON CAN DO EVERYTHING, BUT EVERYONE CAN DO SOMETHING.***

Kathy Wilson Mayer  
Executive Director

Prevent Child Abuse North Dakota

### SCHEDULE A PRESENTATION:

The objectives of this program are to educate and empower participants to learn the facts and signs of child abuse and neglect and its long term impact on children; understand the policies, laws and procedures around reporting; and respond and discuss questions and concerns relating to citizen involvement in this process.

- Why is reporting suspected child abuse/neglect important?
- Who are those mandated to report?
- What does child abuse or neglect look like?
- How and when do I report?
- What happens when and after I make a report?

For contact information go to [www.stopchildabusend.com](http://www.stopchildabusend.com)





## NORTH DAKOTA TEAM SELECTED TO ADVANCE SOLUTIONS TO NURSING FACULTY SHORTAGES

### *North Dakota Team Participates in AARP, RWJF, Labor Department Summit, Addressing Nursing Education Capacity*

North Dakota was selected by AARP, the Robert Wood Johnson Foundation (RWJF) and the U.S. Department of Labor (DOL) to participate in the first Nursing Education Capacity Summit in Washington, D.C., June 26 and 27. The goal of the Summit was to identify solutions to the nurse faculty shortage that is forcing nursing schools to turn away thousands of qualified nursing candidates each year. Summit participants identified and developed approaches to improving nursing education capacity – with the ultimate goal of reversing the persistent nursing shortage that could leave the United States without enough nurses.

North Dakota sent a team of multi stakeholders to the Summit. The team included Jacqueline Mangnall, Ph.D., RN; Chandice Covington, Ph.D., RN; Evelyn Orth, MSN; JanKamphuis, Ph.D., RN; Larry Anderson; Patricia Moulton, Ph.D.; Jane Roggensack, MS, RN; Julie Anderson, Ph.D., RN; Linda Wurtz, and Constance Kalanek, Ph.D. Other states participating included: Alabama, California, Colorado, Florida, Hawaii, Illinois, Massachusetts, Maryland, Michigan, Mississippi, North Carolina, New Jersey, Oregon, South Carolina, Texas, Virginia, and Wisconsin. They shared best practices and focused on four key areas: strategic partnerships and resource alignment, policy and regulation, increasing faculty capacity and diversity, and education redesign.

“AARP recognizes the important role that states play; they are where the rubber meets the road in terms of health care delivery,” said Senior Vice President of the AARP Public Policy Institute and Chief Strategist for the Center to Champion Nursing in America Susan Reinhard. The Center to Champion Nursing in America is a joint initiative of AARP, the AARP Foundation and the Robert Wood Johnson Foundation. “Nurses play a significant role in reducing medical errors and improving health care quality, which is why we urgently need to find solutions to address

both the shortage of nurses and the shortage of faculty to educate them,” Reinhard added.

North Dakota was uniquely positioned to contribute to the Summit because of their commitment to team work, demonstrated best practices related to increasing the nursing workforce, and excellent capacity to build even more effective partnerships for solutions in the future.

Jacqueline Mangnall, Ph.D., RN, leader of the North Dakota team, stated that: “This team comprises a well-connected, representative body of nurses, workforce development representatives, and consumer advocates who are fully committed to implementing initiatives geared toward assuring that nursing education in [North Dakota] will be able to meet the growing demand for nurses now and in the future.”

The Summit comes at a critical time for nursing. Latest surveys project that the United States could fall short by close to half a million registered nurses by 2025 absent aggressive action. Currently, the supply of new nurses is failing to keep pace with rising patient demand, in part because a significant number of interested and qualified nursing school applicants have been turned away in recent years due to a growing shortage of nursing faculty.

“The time to simply talk about the problem is over,” said RWJF Senior Program Officer Susan Hassmiller. “What’s essential now is to fundamentally rethink how nurses are and should be educated and how they should be deployed in the workforce. The experiences of these states offer the best hope for achieving these goals.”

The AARP Foundation is AARP’s affiliated charity. Foundation programs provide security, protection and empowerment for older persons in need. Low-income older workers receive the job training and placement they need to re-join the workforce. Free tax preparation is provided for low- and moderate-income individuals, with special atten-

tion to those 60 and older. The Foundation’s litigation staff protects the legal rights of older Americans in critical health, long-term care, and consumer and employment situations. Additional programs provide information, education and services to ensure that people over 50 lead lives of independence, dignity and purpose. Foundation programs are funded by grants, tax-deductible contributions and AARP. For more information, visit [www.aarp.org/foundation](http://www.aarp.org/foundation).

AARP is a nonprofit, nonpartisan membership organization that helps people 50+ have independence, choice and control in ways that are beneficial and affordable to them and society as a whole. AARP does not endorse candidates for public office or make contributions to either political campaigns or candidates. We produce AARP The Magazine, the definitive voice for 50+ Americans and the world’s largest circulation magazine with over 33 million readers; AARP Bulletin, the go-to news source for AARP’s 39 million members and Americans 50+; AARP Segunda Juventud, the only bilingual U.S. publication dedicated exclusively to the 50+ Hispanic community; and our Web site, [AARP.org](http://AARP.org).

The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation’s largest philanthropy devoted exclusively to improving the health and health care of all Americans, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful and timely change. For more than 35 years, the Foundation has brought experience, commitment, and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. When it comes to helping Americans lead healthier lives and get the care they need, the Foundation expects to make a difference in your lifetime. For more information, visit [www.rwjf.org](http://www.rwjf.org).

## REFLECTIONS: MY PARTICIPATION IN THE WORKPLACE IMPAIRMENT PROGRAM (WIP)

I believe these past two years have brought me to a place of much wisdom and understanding of myself as a valuable individual. Upon reflection on my participation in the WIP, I have come to learn:

- \* Life can change in an instant. I need to hold on to what I have now and let go of the past. In this very moment I have many blessings, and I am so very thankful for each and every one of them. For my family, my children and grandchildren, my health, my home, my friends, my job, and especially my God-I am so grateful.
- \* Just as all others around me, I too have a tremendous amount of goodness and have much to offer. I have valuable opinions, a creative mind, and a wealth of abilities to achieve precious goals. I am a person of strength and value to

my family, my friends, my workplace and my community.

- \* Life is a series of choices, and I am the one who is responsible for making choices that will continue to give me physical and mental well-being and happiness. I can look to others for encouragement and support; but, ultimately, the choices are mine to make.
- \* My desires, my hopes and my goals are valuable and worthy of my respect.
- \* I have the ability to foster positive, healthy work relationships with and amongst my staff as I give of myself in understanding, support and direction. My yearly evaluation indicates a rating of excellence in this area as well as in several other areas. I take great pride in my over-all job performance and feel I am truly an asset to my employer.

\* Though I truly love my job and it is a large part of who I am, I do have a life outside of my profession. Ironically, the more I enjoy my special time at home, with my family, or out in the community, the greater my job satisfaction. My personal life and my job are two distinct entities, yet they compliment one another so well.

\* As I reflect upon the last two years, I realize that I have come a long way. I have become a person alive with hopes and dreams. I am moving on with confidence.

\* As the not-so-wonderful realities of life come into play, I trust in my ability to sort through them, make choices that will protect my emotional well-being, and continue to move on. I know where my available resources are and will use them, if and when the need should arise. I have been given the opportunity to make a quality, productive life for myself. I am in the process of doing just that

\* I look forward to each day as it presents itself with periods of pleasure as well as its challenging moments. That's alright. It doesn't have to be perfect. I just know that I have the choice to make it better or make it the best it can be under whatever the circumstances.

Thank you for "walking with me" through these past two years. You have gracefully, yet firmly, provided a path for me to travel which has led me to a greater sense of pride in who I am.

Participating in the Workplace Impairment Program has given me the opportunity to live my life with greater meaning and value than I had ever dreamed possible. You could not have explained that to me in the beginning. I would not have understood. I do now. I will continue to travel this road with my head held high.

-anonymous

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## REFLECTIONS: MY STORY INTO RECOVERY

My teenage years were not much different than most of my friends. We all started partying at the age of 14 or 15 years old. (it was probably the summer between freshman and sophomore years.) We went to keg parties mostly, also dabbling into TJ Swan and Boones Farm wine, not to mention the Slo Gin and OJ concoction. What was different is that I came from a family with a long history of alcoholism and addiction, on both my mother and father's sides.

The use of alcohol led to more risky behavior such as smoking pot in my teens and trying other drugs such as LSD and cocaine. I was out of high school before I tried cocaine, but eventually I did try it and I did like the feeling from the drug.

I attended nursing school and graduated in the early 80's. I have consistently held a job in nursing since then. Though there were many lost days of work due to hangovers

from nights out drinking way too much alcohol. I called in sick a lot due to drinking in those early years.

After I got married and had my first child, the partying came to a stop. I had reached a new part in my life and began to settle down.

After the birth of my second child, I became depressed and lonely. I had surgery 6 months after and was given strong narcotic pain pills after the surgery for my pain. I was immediately hooked.

I loved the euphoria from the effects of the drug. I instantly became obsessed with obtaining this drug without any regard to any consequences. I began taking the drugs from my place of employment and my life just turned upside down. I thought that I could do everything better as long as I was using the drugs. I could clean better, golf better, socialize better. I was super woman. On the other hand, I was moody, irritable,

short tempered, and resentful. Really, I wasn't doing anything better while using the drugs. They eventually didn't work any longer and only made me feel anxious and unsatisfied.

I entered outpatient treatment in the summer of 2001. I struggled with relapses through the past years, but am happy to say I've been clean and sober for 3 years and 6 months. The focus of my recovery has been taking ownership of my addiction and changing my lifestyle. Support groups and sponsorship were very important in my recovery and finding a sense of balance and boundaries were the key to staying clean and sober. The miracle of sobriety has meant renewed relationships with family members and becoming a more compassionate wife, mother, and nurse.

Nursing is my passion and recovery has made it possible to continue.

-anonymous

## Fairview Health Services

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- Home Infusion
- Management
- Med/Surg/Ortho/Neuro
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- Perinatal
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- Triage

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*Joan, R.N.*  
*9 years*



## CONGRATULATIONS TO CURRENTLY LICENSED NURSES WHO WERE INITIALLY LICENSED 50 OR MORE YEARS AGO

Last Name	First Name	Home City	School	Initial Licensure Date
Allers	Catherine	Minot	Sisters Of St. Joseph	12/29/1952
Altendorf	Bernadine	Grand Forks	Sisters Of St Joseph	9/16/1958
Anderson	Lucille	Williston	St Francis Sch Of Nsg	10/24/1955
Anderson	Marjorie	Webster	Trinity Hosp	7/25/1946
Barth	Rosalie	New Leipzig	St Joseph's Hosp Sch Pn	10/20/1958
Berg	Nona	Fargo	Mercy School Of Nsg	11/21/1956
Bitner	Irma	Bismarck	Bismarck Hospital	7/2/1958
Bjornstad	Dorothy	Cando	Mercy Sch Of Nsg	2/23/1955
Block	Kathlyn	ToWner	Trinity Hosp Schl Of Nsg	1/7/1957
Braun	Barbara	Bismarck	St Alexius	11/19/1958
Brennan	Marie	Carrington	Trinity	11/22/1941
Brydl	Betty	Dickinson	St Joseph's Hosp Sch Pn	10/20/1958
Burris	Arlis	Grand Forks	Deaconess Sch Of Nsg	3/24/1956
Carlson	Mary Judith	Minot	Sisters Of St Francis	11/3/1955
Carlson	Betsy	Fargo	Deaconess Hosp	6/8/1953
Dick	Mildred	Englevale	Fairview Hosp Schl Of Nsg	8/14/1957
Dickson	Nathalie	Gilby	Deaconess Sch Of Nsg	11/26/1955
Ehrmantraut	Alfhild	Bismarck	Bismarck Hospital	9/15/1958
Evenson	Marilyn	Stanley	Trinity Hospital	12/5/1958
Farhart	Bonnie	Anthem	St Alexius	11/15/1956
Frame	Jane	Lansford	St Andrews	7/2/1958
Griffin	Harriet	Tower City	St Lukes	11/15/1956
Grotte	Vivian	Northwood	Bismarck Hosp	4/23/1956
Gunderson	Harriet	Heimdal	Trinity Hospital	10/15/1958
Gusaas	Laurel	Jamestown	Sisters Of St Joseph	11/1/1950
Heiser	Doris	Verona	Mercy Schl Of Nsg	11/21/1956
Henricks	Carol	Mohall	Trinity Sch Of Nsg	10/14/1955
Hersey	Alice	Rugby	Good Samaritan Hosp	1/24/1955
Hootman	Lavonne	Grand Forks	Univ Of North Dakota	12/2/1954
Hovland	Kathryn	Rugby	Trinity Hospital Schl Of Nsg	12/10/1956
Huber	Sharon	Hazen	Jamestown College	7/30/1958
Humann	Harriet	Hazelton	St Alexius	11/5/1957
Jones	Jayne	Verona	Presentation College	1/23/1954
Jones	Joyce	Langdon	Trinity Hosp	11/12/1953
Kemmet	Martha	Jamestown	St Alexius Hosp School Of Nrsg	5/7/1956
Kimball	Laverne	Bismarck	St Alexius Hosp	11/4/1955
Kingsley	Lucille	Casselton	Bismarck Hosp Schl Of Nsg	11/5/1957

Kiser	Elizabeth	Fargo	Sisters Of St Francis	10/15/1958
Knutson	Sharon	Bismarck	Dickinson State College	3/18/1955
Knutt	Mavis	Cando	St Lukes	11/30/1954
Korsmo	Arlene	Reeder	Nd State Sch Of Science	12/7/1955
Kost	Carol	Portland	St Alexius Sch Of Nsg	12/31/1957
Krance	Magdalene	South Heart	St Joseph's Sch Of Pn	11/20/1953
Krause	Laura	Mandan	Mercy Schl Of Nsg	11/24/1952
Kulla	Jeanne	Kensal	Mercy Schl Of Nsg	11/21/1956
Lambrecht	Loretta	Pelican	Rapids	10/20/1958
Larson	Mary	Bismarck	St. Alexius Hosp	10/23/1951
Leetun	Mary	Bismarck	St. Barnabas Hospital	3/12/1958
Lucey	Sister	Fargo	Presentation	11/12/1953
Lukach	Dorothy	Bismarck	St Andrews	10/14/1955
Norton	Myra	Bismarck	St Alexius	11/19/1958
Overby	Erma	Valley City	Hinsdale Sanitarium Hosp	3/23/1951
Paterson	Elisabeth	Riverdale	Trinity Hosp	3/31/1954
Phelps	Frances	Grand Forks	Trf Area Vo Tech Inst	7/16/1944
Rath	Delores	Jamestown	St. Alexius	10/14/1955
Rothschiller	Arlyne	Rugby	Bismarck Hosp	9/27/1955
Samuelson	Carol	Bismarck	Trinity Health	12/5/1958
Scheeler	Virginia	Dickinson	St Joseph' Hosp Sch Pn	12/31/1955
Scheller	Barbara	Hankinson	St Francis Sch Of Nsg	10/2/1956
Schmidt	Beverly	Perham	Sisters Of St Joseph	12/5/1956
Schock	Lois	Bismarck	Bismarck Hosp Schl Of Nsg	7/9/1957
Slavick	Janice	Minot	Sisters Of St Francis	12/12/1953
Smith	Janice	Minot		10/31/1958
Smith	Opal	Williston	Trinity Hosp Schl Of Nsg	12/10/1956
Snyder	Joyce	Hazen	Sisters Of St Joseph	11/15/1956
Sookov	Sister Mary	Fargo	Sisters Of St Joseph	12/30/1954
Stagl	Martina	New England	St Joseph's Hosp Sch Pn	12/31/1955
Stredwick	Barbara	Minot	SisteRs Of St Francis	7/2/1958
Strobel	Irene	Turtle Lake	Bismarck Hosp Shl Of Nsg	11/5/1957
Sullivan	Laurel	Mandan	St. Alexius	12/1/1953
Thom	Patricia	Minot	Sisters Of St Joseph	10/28/1955
Thue	Carolyn	Fargo	Nd State Sch Of Science	12/31/1957
Tonneson	Irene	Souris	Trinity Hosp	12/9/1954
Wagar	Clara	Bottineau	St Andrews School	9/20/1958
Wanner	Monica	Dickinson	St Joseph's Hosp Sch Pn	12/31/1955
Webster	Beatrice	Bismarck	Trinity Hospital	10/3/1958
Weed	Lois	Devils Lake	Deaconess Hosp Shl Of Nsg	12/3/1957
Werlinger	Sister Mary Colette	Fargo	St Francis Sch Of Nsg	11/27/1954
Wollmann	Janet	Fargo	Sisters Of St Joseph	9/16/1958
Wright	Elaine	Maddock	Nd State Sch Of Science	10/31/1958

# NURSING EDUCATION PROGRAMS APPROVED BY NORTH DAKOTA BOARD OF NURSING - JUNE 30, 2008

North Dakota Board of Nursing is the recognized approver of the nursing programs in ND  
by the United States Department of Education

<i>Program Name and Director</i>	<i>Address</i>	<i>Type of Program</i>	<i>Term of Board Approval</i>	<i>Nat'l Nursing Organization for Accreditation</i>	<i>NCLEX® FY 06-07 Candidates Pass Rate</i>	<i>NCLEX® FY 07-08 Candidates Pass Rate</i>
North Dakota State University Dr. Mary Wright	136 Sudro Hall P.O. Box 5055 Fargo, ND 58105-5055	Doctor of Nursing Practice	Full Approval through May 2011	CCNE	NA	NA
University of Mary Glenda Reemts, MSN	7500 University Drive, Bismarck, ND 58504	Masters Degree	Full Approval through November 2010	CCNE	NA	NA
University of North Dakota Dr. Chandice Covington	Box 9025, Grand Forks, ND 58201	Masters Degree	Full Approval through January 2011	CCNE	NA	NA
North Dakota State University Dr. Mary Wright	136 Sudro Hall P.O. Box 5055 Fargo, ND 58105-5055	Masters Degree	Full Approval through May 2011	CCNE	NA	NA
Dickinson State University Dr. MaryAnne Marsh	291 Campus Drive, Dickinson, ND 58601-4896	Baccalaureate Degree	Full Approval through May 2011	NLNAC	91.3%	81.8%
Jamestown College Dr. Jacqueline Mangnall	Box 6010, Jamestown, ND 58401-6010	Baccalaureate Degree	Full Approval through November 2009	NLNAC	89.2%	82.8%
Medcenter One College of Nursing Dr. Karen Latham	512 North 7 <sup>th</sup> St., Bismarck, ND 58501-4494	Baccalaureate Degree	Full Approval through March 2012	CCNE	89.1%	100%
Minot State University Kelly Buettner-Schmidt, MSN	500 University Ave W, Minot, ND 58701	Baccalaureate Degree	Full Approval through May 2011	NLNAC	93.8%	79.4%
University of Mary Glenda Reemts, MSN	7500 University Drive, Bismarck, ND 58504	Baccalaureate Degree	Full Approval through November 2010	CCNE	88%	88.8%
University of North Dakota Dr. Chandice Covington	Box 9025, Grand Forks, ND 58201	Baccalaureate Degree	Full Approval Through January 2011	CCNE	88.7%	85.7%
North Dakota State University Dr. Mary Wright	136 Sudro Hall P.O. Box 5055 Fargo, ND 58105-5055	Baccalaureate Degree	Full Approval through May 2011	CCNE	90.5%	96.4%
Concordia College Dr. Polly Kloster	901 South 8th Street Moorhead, MN 56562	Baccalaureate Degree	Full Approval through November 2009	CCNE	90.7% (reported by MN-BON)	94.3% (reported by MN-BON)



Dakota Nurse Program RN Julie Traynor, MS	Bismarck State College Lake Region State College Minot State College- Bottineau Williston State College	Associate Degree - RN	Continued Initial Approval through May 2009	None	82.4%	72.7%
North Dakota State College of Science Barbara Diederick, MS	800 6 <sup>th</sup> St. North, Wahpeton, ND 58075- 3602	Associate Degree - RN	Full Approval through March 2011	None	80%	73.7%
Dickinson State University Dr. MaryAnne Marsh	291 Campus Drive, Dickinson, ND 58601- 4896	Associate Degree – PN	Full Approval through May 2011	NLNAC	90.7%	82.6%
North Dakota State College of Science Barbara Diederick, MS	800 6 <sup>th</sup> St. North, Wahpeton, ND 58075- 3602	Associate Degree – PN	Full Approval through March 2011	NLNAC	97%	95.9%
United Tribes Technical College Evelyn Orth, MSN, Mmgt	3315 University Dr., Bismarck, ND 58504- 7596	Associate Degree – PN	Full Approval through November 2011	NLNAC	84.6%	88.9%
Sitting Bull Community College D'Arlyn Bauer, MSN, Mmgt	1341 92 <sup>ND</sup> Street, Fort Yates, ND 58538	Associate Degree – PN	Full Approval through November 2010	None	66.7%	100%
Dakota Nurse Program PN Julie Traynor, MS	Bismarck State College Lake Region State College Minot State College- Bottineau Williston State College	Certificate PN	Full Approval through May 2011	None	100%	94.3%

## NURSE PRACTITIONER RECEIVES 2008 AANP STATE AWARD FOR EXCELLENCE

Cheryl Rising, a Family Nurse Practitioner with MedCenter One Health Care Systems in Bismarck, was recognized for her excellence in NP clinical practice. The award was presented during the National Conference of the American Academy of Nurse Practitioners in Washington, D.C., June 28th.

The AANP was founded in 1985 and is the oldest, largest and only full-service national professional organization for nurse practitioners of all specialties. The professional organization represents 95,000 nurse practitioners across the United States advocating the role of nurse practitioners as providers of high-quality, cost-effective and personalized health care.

During the conference, Cheryl and other attendees from North Dakota met with the North Dakota legislative delegation on health care issues that impact people across the entire state; included were medical home legislation, hospice and home care, long-term care, as well as Medicaid patient access issues.

Cheryl has been in nursing for over 30 years. Her work includes acute care, critical care, hospice and long-term care in Bismarck and Fargo. Cheryl has been with Medcenter One Health Systems since 2002. She developed the Nurse Practitioner Nursing Home program for Medcenter One which delivers quality care for individuals in these settings.

Cheryl Rising, NP, (right) accepts award for excellence in NP clinical practice from Gwen Witzel, NP (left).



## NORTH DAKOTA BOARD OF NURSING GUIDELINES FOR OUT-OF-STATE NURSING EDUCATION PROGRAMS SEEKING STUDENT NURSE PLACEMENT IN NORTH DAKOTA

The responsibility for approving out-of-state nursing education programs seeking placement of student nurses in North Dakota is an issue that arises periodically. NDCC 43-12.1-04 identifies PERSONS EXEMPT FROM PROVISIONS OF THE NURSE PRACTICES ACT. Subsection 12 states, "Upon written notification to the board by an out-of-state nursing program, a student practicing nursing as a part of a nursing education program preparing for initial or advanced licensure as a registered nurse or licensed practical nurse which is approved by a board of

nursing and is located in an institution of higher education that offers transferable credit."

Please submit the following data to the Board prior to any student from an out-of-state program participating in clinical experience:

1. Names of the students at every location.
2. Proof of Approval of the state board of nursing or accreditation of a graduate program by a nationally recognized accrediting body.
3. Course syllabi for courses in which

students are participating in clinical.

4. Copies of written agreements with every clinical agency that is being used.
5. Program requirements for clinical faculty or preceptors if used.
6. Name and brief resume for the faculty/preceptor, if used, and the sites at which the individuals will be practicing. Please specify if the individuals are functioning as clinical faculty or as preceptors.
7. Current North Dakota or compact license information for supervising faculty.

## ONLINE CONTINUING EDUCATION OFFERING AVAILABLE

### Learn about North Dakota's Nurse Practices Act and receive two CE credits

The North Dakota Board of Nursing has partnered with the National Council of State Boards of Nursing to develop an online course in which nurses can learn about the laws and regulations that govern the practice of nursing.

The Nurse Practices Act CE Course is for every nurse in every practice setting at every

level of practice. The course covers the following topics:

- Brief history of licensure and the regulation of nursing
- The purpose of nursing regulation
- Powers and duties of the Board of Nursing
- Licensure requirements
- Application of legal definitions to practice
- Duties of licensees

- Discipline authority and processes

After reviewing the material presented online, nurses can take a short exam for a \$12.00 fee. Upon successful completion, a certificate documenting two continuing education (CE) credits is issued. To sign up for the course, please visit [www.ndbon.org](http://www.ndbon.org), click on Education, and then click on "Nurse Practices Act CE Offering."

## NORTH DAKOTA BOARD OF NURSING LICENSURE RENEWAL REQUIREMENTS

(LICENSES EXPIRING 12/31/2008)

### Continuing Education for Licensure Renewal

Continuing education for purposes of license renewal must meet or exceed twelve (12) contact hours within the preceding two (2) years.

### Practice Requirements for Licensure Renewal

Nursing practice for the purposes of license renewal must meet or exceed four hundred (400) hours within the preceding four (4) years.

### FISCAL YEAR 2007-2008 EDUCATION STATISTICS

- North Dakota Pass Rates for NCLEX®
 

RN	85.78 percent
LPN	92.76 percent
- National Pass Rates for NCLEX®
 

RN	85.51%
LPN	86.53%
- \$71,750 was disbursed to nursing students for the Nursing Education Loan

### LICENSURE STATISTICS (August 18, 2008)

- RN – 9809
- LPN – 3701
- APRN – 688
- Unlicensed Assistive Person – 2304
- Medication Assistants I, II, III - 1667



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contact Human Resources  
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### MISSION STATEMENT

To safeguard life, health, and the public welfare, and to protect citizens from unauthorized, unqualified, and improper application of nursing education programs and nursing practices, in accordance with **SDCL 36-9** and **SDCL 36-9A**.

### South Dakota Board of Nursing Officers and Members

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#### Robin York

Vice-President, RN Member, Henry

#### Christine Pellet

Secretary, LPN Member, Yankton

#### Diana Berkland

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#### Patricia Wagner

LPN Member, Sioux Falls

### Board Staff Directory

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Executive Director

gloria.damgaard@state.sd.us / (605) 362-2765

#### Nancy Bohr, RN, MBA, MSN

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Administration Training, and  
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#### Kathy Rausch, RN-BC, FAACVPR

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Nursing Program Specialist  
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and Nursing Workforce Center.

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#### Jean McGuire, Senior Secretary

Regarding licensure by endorsement, and  
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(605) 362-2769

#### Lois Steensma, Secretary

Regarding licensure verification, renewal, name  
changes, duplicate licenses, and inactive status.

lois.steensma@state.sd.us  
(605) 362-2760

#### Winora Robles

Program Assistant

winora.robles@state.sd.us  
(605) 362-3525

## Licensure Information

### License Verification:

Licensure status for all nursing professions and the certification status for Certified Nurse Aides can be verified online, [www.nursing.sd.gov](http://www.nursing.sd.gov), select Online Verification. A verification search may be done using license number or name. The verification report generated is considered a South Dakota Board of Nursing document and primary source verification.

### Criminal Background Checks Required for RN and LPN Applicants

Criminal background checks (CBC) must be submitted to the SD Board of Nursing for all new RN, LPN, CRNA, and CNS applications for licensure by examination or endorsement. CBC materials which include fingerprint cards will be mailed upon request; contact the Board of Nursing office at (605) 362-2760 or email [Lois.Steensma@state.sd.us](mailto:Lois.Steensma@state.sd.us). Completed CBC materials and \$39.25 fee, payable to South Dakota Division of Criminal Investigation (DCI), must be received to process licensure application. Incomplete materials will delay processing CBC and licensure application.

### Upcoming Board Nursing Meetings

**November 13-14, 2008**

*\*October 29, 2008*

\*Deadline for submission of  
agenda items and materials.

All licensure forms, the Nurse Practice Act and contact information is available on the South Dakota Board of Nursing Website at [www.nursing.sd.gov](http://www.nursing.sd.gov)

## South Dakota Board of Nursing Meeting Highlights

### June 19-20, 2008

#### Education

- Approved Full Approval Status for National American University RN-BSN Completion Program

#### Advanced Practice

- Approved CNM Waiver of Collaborative Agreement for Out of Hospital Births as presented
- Accepted proposed revision of ARSD 20:62:03:03 and proceed rules promulgation process

*Note: Board Meeting minutes are available on our Web site at [www.doh.sd.gov/boards/nursing](http://www.doh.sd.gov/boards/nursing).*

**The Health Professionals Assistance Program, A Multidisciplinary Diversion Program for Chemically Impaired Health Professionals**, provides a **non-disciplinary** option for impaired health professionals who recognize their illness of **Chemical Dependency** and the need for continuing care and/or practice limitations. The program is **confidential** and professionally staffed to monitor the treatment and continuing care of health professionals who may be unable to practice with reasonable skill and safety, if their illness is not appropriately managed. Call Maria Eining, MA, LPC, CDC III, Program Director at (605) 322-4048 for more information. Office is located at 4400 West 69<sup>th</sup> St., #600, Sioux Falls, SD 57108

### DISCIPLINARY ACTIONS TAKEN BY THE SOUTH DAKOTA BOARD OF NURSING

**June 19-20, 2008**

Sheri D. Deibert  
Voluntary Surrender Approved .....R031241

Nancy S. Meyer  
Voluntary Surrender Approved .....P006344

Natalie J. Pray  
Voluntary Surrender Approved .....R031294

Sharon Rose Azure  
Summary Suspension .....R028066

Kristina K. Bender  
Voluntary Surrender Approved .....R028801

Rebekah J. Stallings  
Summary Suspension .....R031565

Tammy D. Moran  
Letter of Reprimand .....R031728

Carol J. Walter  
Letter of Reprimand .....P003629

Virginia D. Mathieu  
Deny Request to Rescind Board Action  
.....R023171

Theresa M. Cameron  
Probation.....R034430

Ann M. Mechtenberg  
Reinstatement with Probation .....R028205

Betty C. Arthur  
Revocation .....R034888

Nichole L. Gjoraas  
Reinstatement with Conditions .....R029256

Suzanne R. Lyman  
RN Reinstatement with Conditions .....R027317

Mitch P. Jenner  
CNP Reinstatement with Probation and Conditions;  
pending Medical Board approval .....CP000033



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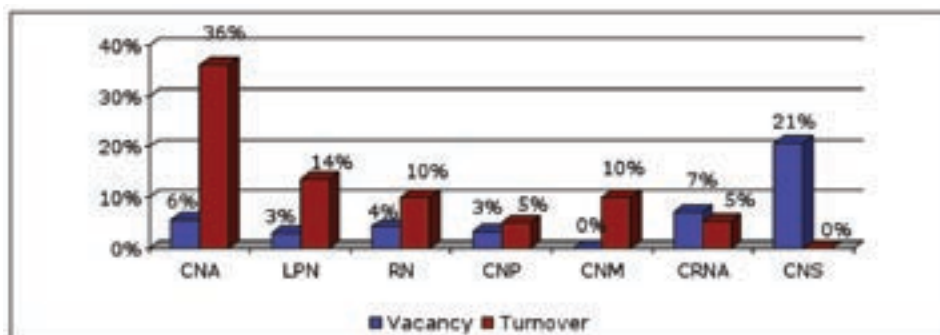
# South Dakota's Nursing Workforce

## –Quick Facts

### What is South Dakota's current demand for nurses?

Current demand is assessed by examining vacancy and turnover of nursing positions by employers in South Dakota. The percent of vacancy for nursing positions provides an understanding of how easy or difficult it is to recruit nurses. *The 2007 South Dakota Health Care Professional Workforce Report* examines the vacancy and turnover rates for various health professionals in many different types of health care facilities in SD. Vacancy is defined as a budgeted position not currently filled, while turnover is the number of employees who left a facility/position during the fiscal year. Frontier/rural facilities cited RN positions as the most hard-to-fill position and all facilities cited a

lack of applicants as the number one reason RN positions were hard to fill. Measures taken by all facilities to tackle hard-to-fill vacancies included increasing recruitment efforts, offering higher wages, increasing training and development opportunities, and offering sign-on bonuses.



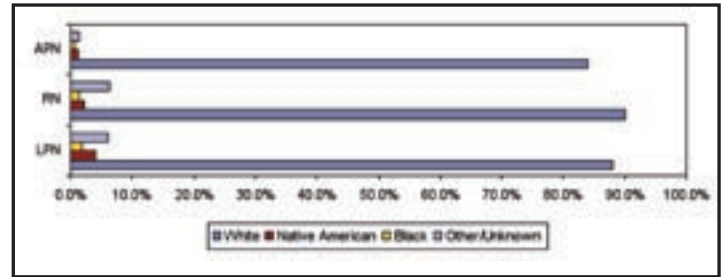
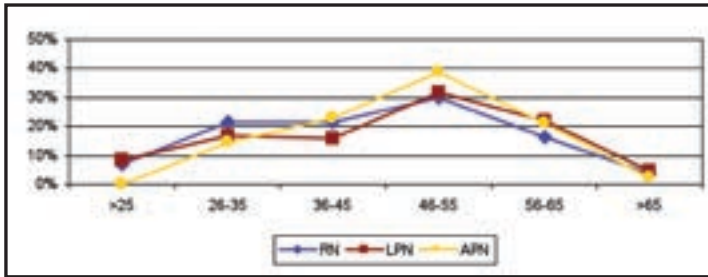
*The 2007 South Dakota Health Care Professional Workforce Report (SD Department of Health; Office of Data, Statistics, & Vital Records, <http://www.state.sd.us/stats/>)*

### What is South Dakota's nursing supply and characteristics like?

The number of actively licensed nurses reflects the pool of potential nurses available to meet employers' demand in South Dakota. South Dakota's population of actively licensed nurses has demonstrated positive growth since 2002. In 2007, nursing employment data reflected that 93% of South Dakota's actively licensed nurses were employed either full-time or part-time in nursing (*Report on South Dakota's Nursing Workforce – 2007*, [www.doh.sd.gov/boards/nursing/sdcenter.htm](http://www.doh.sd.gov/boards/nursing/sdcenter.htm)). South Dakota, along with 22 other states, participates in the Nurse Licensure Compact which allows RNs and LPNs multi-state privileges to practice. As a result, many nurses may be employed as a RN or LPN in South Dakota using their Compact license and may never seek licensure in South Dakota.

Profession	# Active	Average Age	Gender	Profession	# Active	Average Age	Gender
Certified Nursing Assistants	7,609	36.4	Female: 93% Male: 7%	Certified Nurse Practitioners	372	46.8	Female: 94% Male: 6%
Licensed Practical Nurses	2,252	46.6	Female: 97% Male: 3%	Certified Registered Nurse Anesthetists	377	48.8	Female: 36% Male: 64%
Registered Nurses	12,581	44.9	Female: 92% Male: 8%	Clinical Nurse Specialists	82	52.7	Female: 96% Male: 4%
Certified Nurse Midwives	26	50.4	Female: 100%	TOTAL Active Nursing Workforce	23,294		

SD BON; September 26, 2008



Age of South Dakota's Nurses

Diversity of South Dakota's Nurses

### What will South Dakota's future need for Registered Nurses be?

A formula projecting the number of new graduate nurses South Dakota needs to produce annually to meet future demand was developed initially through the Colleagues in Caring (CIC) project through a joint effort of the Department of Labor, Board of Regents, and Board of Nursing. The formula is based on the DOL projections of annual need for South Dakota and has recently been revised to reflect new projection data for the time period from 2006 – 2016. During this timeframe, the DOL projects the demand for RNs will increase by 28.2% and forecasts a need for 434 RNs per year; the CNW then adjusts the formula to account for the higher number of diploma RNs retiring and leaving the workforce. After the adjustment, the projected annual demand for RNs in South Dakota is 495 per year. The formula also takes into account the number of new RN graduates produced in the state, the number of in-state and out-of-state new graduates licensed into South Dakota, and the employment status of RNs in South Dakota. Since only 72% of South Dakota's RN graduates became licensed in South Dakota, it is important to produce more new graduates than the annual demand of 495. Since SD's nursing programs currently average (2005 – 2007) 450 RN graduates, *South Dakota needs to produce about 106 more graduates per year to meet the projected demand through 2016.*

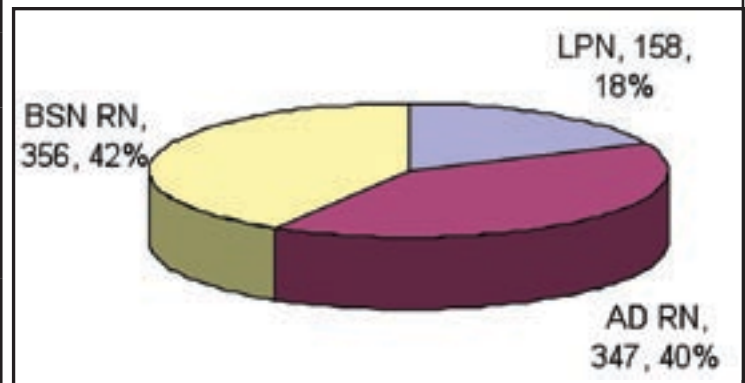
### Nursing Education

Responding to the projected nursing shortage, South Dakota's nursing leaders initiated measures to prepare more nurses. Legislation was passed in 2001 that provided funds for nursing scholarships and allowed nursing programs to increase student capacity.

#### Pre-licensure Program Capacity

Academic Year 2007	LPN	RN Associate	Baccalaureate
Nursing Program Capacity	187	654	504
Total # Eligible Applicants	208	667	490
# Applicants Accepted & Enrolled	149	418	396
# Applicants Not Accepted (No space / student declined / student dropped)	59	249	94
% of Eligible Applicants Not Enrolled	28%	37%	19%

2007 SD BON Annual Report of Nursing Education Programs



Nursing Graduates – Academic Year 2007

Linda Young, RN, MS, FRE, BC  
Program Director, South Dakota Center for Nursing Workforce  
Nursing Program Specialist, South Dakota Board of Nursing



## New recovery program is designed for medical professionals



Sioux Falls is now home to a new addiction recovery program designed specifically for regulated health care professionals.

Avera Behavioral Health Services is collaborating with Twelve-step Living Corporation (TLC) to offer the Medical Professionals Recovery Program at Tallgrass, the only specialized program of its kind in the upper Midwest, said Craig Kindrat, MS, LPC, LMFT, CCDC III, a clinician with Avera Behavioral Health Services' Addiction Recovery Program.

"Unique issues often come into play for health care professionals in recovery," Kindrat said, including licensure, certification or state board directives.

The Medical Professionals Recovery Program at Tallgrass is designed to assist the health care professional in regaining and maintaining the productivity, health and esteem necessary for reintegration into professional practice.

Medical professionals can access the program on a voluntary basis, or they can be referred by another health professional, a state board, or a respective state Health Professionals Assistance Program.

Avera Behavioral Health Services has 13 years experience in working with health care professionals in recovery on an outpatient basis, but there are times when a more intensive program is needed, Kindrat said.

Tallgrass, an 18-bed residential recovery facility located on the southwest corner of Sioux Falls, utilizes a curriculum of deep immersion in the 12 steps of recovery. As a component

of the minimum 30-day stay, treatment guests will have the opportunity to attend numerous 12-step meetings and meet many individuals from the local recovering community.

In the Medical Professionals Recovery Program, Avera complements the TLC curriculum with specialized clinical services which may include psychiatric consultation, psychological assessment, dual diagnoses services, history and physical examination, physician-directed toxicology testing, psychiatry and pain management services, as well as group therapy and other counseling assistance for individuals, couples or families.

"We're taking the best of what works in both non-clinical and clinical areas to care for a specialized population," Kindrat said.

It's estimated that 10 percent of the American population will experience a substance abuse or chemical dependency issue during their lifetime, yet only 10 percent of that 10 percent will seek help. Studies indicate that the incidence of substance abuse or chemical dependency is equal to or higher among health care professionals than the general population, with the health professional typically being even less inclined to reach out for help than the non-medical professional.

Because the responsibilities and pace of nursing are challenging, nurses might find themselves struggling for balance emotionally or physically and turn to substances to try to maintain that balance, Kindrat said. "The individual begins seeking the solution in the problem – the chemical – and his or her ability to care for themselves

and others is compromised."

"Addiction affects people in every walk of life," Kindrat said. "Our whole goal is to remove barriers and create access so individuals will seek the assistance they need before it becomes an employment or licensure issue, a family problem, an intensified personal health issue or a patient liability."

For more information about the Medical Professionals Recovery Program, call Avera Behavioral Health Services at 322-4079 or TLC Tallgrass at 368-5559 or (877) 737-6237.

### *State program helps ensure successful recovery*

Helping health professionals overcome addiction and return to successful practice while protecting patients are core goals behind South Dakota's Health Professionals Assistance Program, said HPAP Director Maria Eining.

HPAP was created in 1996 as a state program under the Department of Health and Human Services. In March 2008, operation of HPAP was contracted by the state to Avera Behavioral Health Services in Sioux Falls.

"It remains a state program and is available to professionals in all health career organizations," Eining said. The program serves health professionals in 28 distinct disciplines. HPAP cooperates with five licensing boards, including the boards of Medicine and Osteopathic Examiners, Nursing, Pharmacy, Dentistry and the Certification Board for Alcohol and Drug Professionals. Students in programs leading to licensure in health care professions are also eligible.

"HPAP recognizes that health professionals who are experiencing substance related problems are individuals who have dedicated their lives to helping others and are now in need of care themselves," Eining said.

Placing a primary concern on public safety, HPAP provides a voluntary, confidential alternative for chemically impaired health professionals who might otherwise go undetected. Health professionals can access the program on their own, be referred by employers, or referred by a licensing board on a non-disciplinary or disciplinary basis as a requirement for continued licensure.

HPAP strives to provide early intervention at the appropriate level of care and then coordinate and document recovery efforts toward a safe return to practice. A long-term commitment of up to five years adds to the program's rate of success.

"The best estimates tell us that one in 10 nurses struggle with dependency and/or addiction

to alcohol or other drugs. Contrary to conventional wisdom, nurses carry no special protection or immunity; their addiction rates mirror those of the general population," Eining said. However, for nurses, the relationship between addiction, recovery, professional role, gender and workplace can be complex. "The South Dakota Health Professionals Assistance Program assists nurses

with these unique needs, thereby supporting long term sobriety and recovery."

While addiction is a serious illness for health professionals, it does not have to be career ending, Eining said. "We encourage people to access our program, because the longer illness has progressed, the more difficult it is to treat and the greater the consequences."

## Advanced Practice Nursing Advisory Committee

The South Dakota Board of Nursing wishes to formally recognize and thank Karen Pettigrew, CNM and Peggy Schuelke, CNP for their contributions to the Advanced Practice Advisory Committee, both having served three consecutive terms. Members serve a term of three years, and may be re-appointed to serve no more than three consecutive terms.

The Advanced Practice Advisory Committee is a Board of Nursing appointed committee composed of two certified nurse

midwives (CNMs) and four certified nurse practitioners (CNP). An annual meeting is held in August and committee work throughout the year is conducted by teleconference and e-mail. The Committee assists the Joint Boards of Nursing and Medical and Osteopathic Examiners in evaluating advanced practice nursing care standards and regulation.

Two new members have been appointed to serve by the Board of Nursing at the September 2008 Board Meeting: Nancy Kertz, CNP,

Family of Brookings, SD and Susan Rooks, CNM, of Oral, SD.

Returning Members:

❖	Robin Peterson-Lund, CNP, Family
❖	Kathy Schweitzer, CNP, Neonatal
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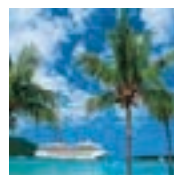
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# Statewide Emergency Registry of Volunteers

Recent catastrophic events in the U.S. have demonstrated the need for a “surge” of additional health care workers and other volunteers to assist public health agencies, emergency management organizations, first responders, and health care facilities with disaster response and recovery efforts. The federal program that was created from this need is titled ESAR-VHP, the Emergency System for the Advanced Registration of Volunteer Health Professionals. This is a state owned system however, and South Dakota has titled their system SERV SD, Statewide Emergency Registry of Volunteers in South Dakota.

The goal of the SERV SD program

is to create a database that will enable health professionals to be mobilized immediately in response to a mass casualty. When disaster strikes, health care facilities near to the event often experience an influx of health professional volunteers willing to help; however, at such a time, these facilities are not able to maximize the potential of the volunteers due to the inability to verify identities, credentialing, and competencies of the volunteers. SERV SD is a pre-registration “system that allows for advance registration and credentialing of clinicians needed to augment a hospital or other medical facility to meet increased patient/victim care needs during a declared emergency.”

SERV SD collects information regarding the volunteer’s identity, licensing, credentialing, accreditation, and privileging in hospitals or other medical facilities. By collecting this information prior to the occurrence of the next large scale emergency, volunteers can be used more effectively and more lives can be saved.

If you are interested in volunteering or have any questions, please go to <https://sdhan.sd.gov/volunteermobilizer/>, or you may contact Rick Labrie at [rick.labrie@state.sd.us](mailto:rick.labrie@state.sd.us) or Courtney Leonard at [courtney.leonard@state.sd.us](mailto:courtney.leonard@state.sd.us). Please consider volunteering; your expertise and skills will be invaluable in our efforts to manage the aftermath of a large scale disaster.

## Step-by-Step Directions for SERV SD

Go to <https://sdhan.sd.gov/volunteermobilizer>

### Step 1: Selecting Your Group

You will need to start by selecting your volunteer group. If you are a “licensed or certified health professional” (physician, nurse, behavioral health specialist, etc.), check this box, otherwise click on one of the other non-medical volunteer groups (POD or SNS group). If you are not sure which group to join, click on the group icon and a volunteer group description will appear. Once you have decided which group you should join, check the box and click continue.

### Step 2: Create Your Account

When selecting your user id and password, 1). the user id should be a combination of your initial of your first name and your entire last name. If a duplicate id already exists, then use your first name and last name, and 2). the password should be six characters or numerals, or a combination thereof.

### Step 3: Completing the Registration Process

You will be asked to provide contact information as well as specific information pertaining to the group you have selected to join, including information necessary to validate your creden-

tials and to meet federal standards. When you register, you will enter information on the best way to contact you. If a deployment is required, this is the information that the system will use to contact you. Therefore, please be sure that the information you give is accurate and up-to-date. Any time you have any changes in that information, please log on and update the information.

### Step 4: Approval Process

The final step is the approval process; your application will either be automatically approved or manually reviewed depending on the group you have selected to join. The approval process may take several days to complete; once your application status has changed, you will receive an e-mail notification. Once approved, you are a SERV SD volunteer and will be able to log on to access news and

announcements, and you are now eligible to be alerted of volunteer opportunities. You will also be able to log on and update your information at any time.

Please remember that this is only a registry for SERV SD volunteers. You must decide at the time a call is made to volunteer if you are willing and able to respond.

Thank you for your interest in volunteering!







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## NCSBN inducts second group of Fellows of the NCSBN Regulatory Excellence Institute on Aug. 6, 2008, during the NCSBN Annual Meeting and Delegate Assembly held in Nashville, Tennessee

CHICAGO - The National Council of State Boards of Nursing, Inc. (NCSBN) inducted its second group of Fellows of the NCSBN Regulatory Excellence Institute on Aug. 6, 2008, during the NCSBN Annual Meeting and Delegate Assembly held in Nashville, Tennessee. The Institute of Regulatory Excellence (IRE) began in 2004 with the purpose of providing boards of nursing with high quality regulatory education, expanding the body of knowledge related to regulation through research and scholarly work, developing the capacity of regulators to become expert leaders, and developing a network of regulators who collaborate to improve regulatory practices and outcomes. The IRE is a series of educational conferences held annually with the following topics rotated on a four-year cycle: Public Protection/Role Development of Nursing Regulators, Discipline, Competency

and Evaluation/Remediation Strategies, and Organizational Structure/Behavior.

The IRE Fellowship Program is a four-year comprehensive educational and professional development program designed for current or former regulators who want to enhance their knowledge of and leadership in nursing regulation. The program includes experiences in analyzing issues involving public policy and regulation, strategic planning, patient safety and communication. It also requires the application of evidence-based concepts in decision making and leadership.

Individuals who complete the Fellowship Program requirements are called a Fellow of the NCSBN Regulatory Excellence Institute (FRE) and are entitled to use the initials

FRE after their name in recognition of their accomplishment.

Among the 2008 class of fellows was Linda Young, RN, MS, FRE, BC, Nursing Program Specialist, South Dakota Board of Nursing.



Linda Young, RN, MS, FRE, BC

*The National Council of State Boards of Nursing, Inc. (NCSBN) is a not-for-profit organization whose membership comprises the boards of nursing in the 50 states, the District of Columbia and four U.S. territories.*

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## Leadership Committee

The National Council of State Boards of Nursing (NCSBN) elected new members to its Board of Directors during its 2008 Delegate Assembly. Members representing the boards of nursing elected officers and directors-at-

large for one- and two-year terms to the board. In addition, NCSBN members elected members of the Leadership Succession Committee. Nancy Bohr, MBA, MSN, RN, nursing program specialist, South Dakota Board of Nursing was elected to Area II for FY 2009. The Leadership Succession Committee recommends strategies for the ongoing sustainability and advancement of the organization through leadership succession planning; present a slate of candidates through a determination of qualifications and geographic distribution for inclusion on a ballot for the election of the Board of Directors and the Leadership Succession Committee.



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# No More Nurse Abuse

Let's stop paying the emotional, physical, and financial costs of workplace abuse.

*By John S. Murray, PhD, RN, CPNP, CS, FAAN*

**ABUSE IN THE WORKPLACE** should never be tolerated. But, of course, it is. Nurses frequently experience abuse and harassment where they practice, learn, teach, research, and lead. Unfortunately, many victims don't report abuse. And for those who do report it, the reward may be retaliation rather than an effective response.

## Defining workplace abuse

Abuse is any behavior that humiliates, degrades, or disrespects another, including intimidating behaviors, such as using condescending language, exploding in angry outbursts, using threatening body language, and making physical contact. The emotional impact of abuse demoralizes victims and can leave them feeling personally and professionally attacked or devalued. Victims also suffer physical consequences, such as loss of sleep, anxiety attacks, hypertension, and weight fluctuations.

We may tend to think of physicians as the prime perpetrators of abuse against nurses. But we now know that abuse in the workplace can also come from co-workers, supervisors, and even patients. Factors contributing to workplace violence include stress, poor staffing levels, long working hours, improper training of personnel, and power and control issues.

After experiencing abuse, many nurses feel powerless to do anything about it. Some believe no one really cares, so most acts of abuse and harassment probably aren't reported. And this tolerance probably escalates the problem. Interestingly, research shows that inexperienced nurses are more likely to report workplace abuse than ex- No more nurse abuse Let's stop pay-

ing the emotional, physical, and financial costs of workplace abuse. By John S. Murray, PhD, RN, CPNP, CS, FAAN 18 American Nurse Today Volume 3, Number 7 perience nurses, who are more likely to believe that policies and procedures for workplace abuse and harassment are ineffective.

## Fixing the problem

Finding ways to create workplace environments that discourage abuse and harassment of nurses is long overdue. Because of the worsening national nursing shortage, many professional organizations have examined factors that lead to job satisfaction and dissatisfaction among nurses. In 2004, the American Association of Critical-Care Nurses (AACN) identified verbal abuse and disrespectful behavior from coworkers, peers, and colleagues as serious nursing concerns.

As a recent study on workplace violence indicates, abuse in the workplace will continue, unless programs that establish, enforce, and measure zero-tolerance policies are put into action. The Nursing Organizations Alliance established principles and elements of a healthful practice and work environment in 2004. (See Creating a healthful environment.) The American Nurses Association and several other nursing organizations have endorsed these prin-

ciples and elements.

In 2005, the American Organization of Nurse Executives set as a strategic goal encouraging research that promotes positive practice environments. Other professional nursing organizations, such as AACN and the National Association of School Nurses, have established principles for supporting healthy work environments, where deferential communication and behavior, trust, shared decision making, and a culture of accountability are endorsed.

## Handling abuse

As nurses, we must continue to develop programs that discourage abuse and harassment, and we must implement and support them in the workplace. Familiarize yourself with your organization's policies and procedures against abuse, harassment, and hostile work environments. You should also be familiar with the mechanisms for reporting abuse and the protections afforded nurses after reporting it. Remember, organizations have a responsibility to ensure that nurses feel safe reporting incidents of abuse and harassment.

When confronted with abuse, try these empowering interventions:

- Remain calm.
- Speak calmly in a low voice.



## Creating a healthful environment

The Nursing Organizations Alliance believes that these nine elements support a healthful work environment.

1. Collaborative practice culture
  - Respectful collegial communication and behavior
  - Team orientation
  - Presence of trust
  - Respect for diversity
2. Communication-rich culture
  - Clear and respectful
  - Open and trusting
3. Culture of accountability
  - Role expectations are clearly defined.
  - Everyone is accountable.
4. Adequate numbers of qualified nurses
  - Ability to provide quality care to meet patient's needs
  - Work-home life balance
5. Expert, competent, credible, visible leadership
  - Serve as an advocate for nursing practice
  - Support shared decision making
  - Allocate resources to support nursing
6. Shared decision making at all levels
  - Nurses participate in system, organizational, and process decisions.
  - Formal structure exists to support shared decision making.
  - Nurses have control over their practice.
7. Encouragement of professional practice and continued development
  - Continuing education and certification is supported and encouraged.
  - Participation in professional association is encouraged.
  - An information-rich environment is supported.
8. Recognition of the value of nursing's contribution
  - Reward and pay for performance
  - Career mobility and expansion
9. Recognition of nurses for meaningful contribution to practice

- If you can't control the situation in a timely way, call for help.
- Maintain a nonthreatening body posture, keeping your arms loose and at your side. Crossing your arms sends the message that you are angry and a potential threat to the perpetrator.

- Move to the vicinity of an exit, such as a door or the stairs. If possible, don't allow the perpetrator to block your exit.

- Excuse yourself from a physically threatening situation and notify security, your supervisor, clinical instructor, and preceptor immediately.

Report abuse immediately to supervisors and the human resources department. The matter should then be elevated to more senior leadership in the organization until the problem is appropriately addressed. Be sure to keep detailed documentation on the abuse. Written reports should include the date and time of the incident, the names and titles of those involved, the nature of the abusive behavior, the names of witnesses, the actions taken, and the results of the actions taken.

You also need to find a way to let go of the anger the episode triggered. Research shows that holding on to bad feelings toward the perpetrator only prolongs recovery and delays resolution. Consulting a mental-health advanced practice nurse can help both victims and witnesses.

### Costs of abuse

Abuse and hostility significantly decrease morale, diminish job satisfaction, and influence where nurses practice, learn, teach, research, and lead. If such behavior is allowed to continue, the costs to healthcare organizations and ultimately the nursing profession will be enormous. A conservative cost estimate of violence in the workplace is \$4.3 billion annually or about \$250,000 per incident.

Abuse and harassment in the healthcare setting have become a significant reason for lost time from work, increased absenteeism, lost productivity, and even occupational injury. This list doesn't even begin to take into consideration the hidden expenses from the emotional pain victims, witnesses, and families suffer, such as anxiety, depression, and feelings of isolation.

Improving healthcare environments for nurses will improve patient outcomes as well as nurse recruitment and retention. Without safe, healthy work environments for nurses, quality healthcare delivery may decline. To avoid these costs, organizations and nurses must address the problems that put nurses in harm's way.

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Visit *www.AmericanNurseToday.com/journal* for a complete list of selected references.

*John S. Murray, Colonel, United States Air Force, is Director of Education, Training & Research for Joint Task Force National Capital Region Medical in Bethesda, Md. and President of the Federal Nurses Association. The views expressed in this article are those of the author and do not reflect the official policy or position of the United States Air Force, Department of Defense, or the federal government.*

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